

**BOARD OF REGISTERED NURSING**

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P (916) 322-3350 | www.rn.ca.gov

Ruth Ann Terry, MPH, RN, Executive Officer



## CHANGE OF ADDRESS AND/OR NAME APPLICANTS

**PLEASE PRINT OR TYPE**

LAST NAME:	FIRST NAME:	MIDDLE NAME:
DATE OF BIRTH: <i>(Month/Day/Year)</i>	PHONE NUMBER:	EMAIL ADDRESS:
<b>COMPLETE FOR CHANGE OF ADDRESS ONLY</b>		
PREVIOUS ADDRESS: <i>Number and Street</i>		
<i>City</i>	<i>State</i>	<i>Country</i> <span style="float: right;"><i>Postal/ZIP Code</i></span>
NEW ADDRESS: <i>Number and Street</i>		
<i>City</i>	<i>State</i>	<i>Country</i> <span style="float: right;"><i>Postal/ZIP Code</i></span>
<b>COMPLETE FOR CHANGE OF NAME ONLY</b>		
YOU <b>MUST</b> SUBMIT A PHOTOCOPY OF THE LEGAL DOCUMENTATION WITH THIS FORM FOR NAME CHANGES Examples of acceptable forms of legal documentation are <b>birth certificate, marriage certificate, divorce decree and/or court documents</b> . A copy of a <b>driver's license, social security card or passport is <u>not</u> acceptable</b> .		
PREVIOUS NAME: <i>Last</i>	<i>First</i>	<i>Middle</i>
NEW NAME: <i>Last</i>	<i>First</i>	<i>Middle</i>
I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct, and complete.		
SIGNATURE: _____		DATE: _____